

Oklahoma Department of Corrections Order for Fitness for Duty Exam

To: _____
Name of Employee

From: _____
Director

This memorandum will serve as a written order directing you to submit to a Fitness for Duty Exam whose purpose is to determine whether or not you currently pose a direct threat to the safety of yourself or others.

The reasons (circumstances) requiring this evaluation are as follows: _____

The evaluation is scheduled for: _____
Day/Date/Time

At the offices of: _____
Name of Health Care Provider

Address

The agency will be responsible for all costs associated with this evaluation and is requesting the evaluator to provide their conclusion regarding your fitness for duty and the information necessary to evaluate any request for accommodation. All information received will be treated as confidential.

Failure to comply with this order or cooperate with the evaluator will be deemed insubordination and will be grounds for disciplinary action, up to and including termination.

I hereby authorize the Oklahoma Department of Corrections' chief administrator of Human Resources or chief medical officer to contact the health care provider conducting the Fitness for Duty Exam for the purpose of clarifying or authenticating any information provided.

Signature of Employee

Date

This completed form may contain confidential medical information and must be filed in the employee's medical file.